

## ACKNOWLEDGEMENT OF NOTIFICATION OF REGULATED WASTE ACTIVITY (VERIFICATION)

This is to acknowledge that you have filed a Notification of Regulated Waste Activity for the installation located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). Your EPA Identification Number for that installation appears in the box below. The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Annual Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of RCRA.

EPA I.D. NUMBER

MDR000002139

04/24/95

IBM CORP 800 N FREDERICK AVE GAITHERSBURG , ND 20879 ANTOINETTE JONES SAFETY ENG

INSTALLATION ADDRESS

800 N°FREDERICK AVE GAITHERSBURG AND 20879

EPA Form 8700-12A (6-90)

roved QMB No. 2050-0028 Expires 9-30-96 GSA No. 0246-EPA-OT

Please refer to the Instructions for Filling Notification before completing this form. The information requested here is required by law (Section 3010 of the Resource Conservation and Paragraph 4.



## Notification of Regulated Waste Activity

eived se Only)

		ACI).								Unit	ed St	ates	Envir	onme	entaf	rote	ction	Agen	eya,	9/201				-05	12		1	
L Install	ation	n's E	PAI	D No	imbe	er (M	ark :	X' In	the						>													
VA	. Fin	st No	otific	atio	n		F		ıbse omp	2.000	9000000	0.000,0000.0	ation			м	D	c∶in R	stall O		's El	1	0	2	1	3	9	
fl. Name	of la	nstal	latio	on (Ir	nclud	le co	mpa	iny a	nd s	pecli	fic si	te na	ame)	13	3					7.								
IB	M		0	0	K	P	0	L	A	7	1	0	1															31.515
III. Loca	tion	of in	stal	latio	n (Pl	hysic	al ac	ddre	ss no	ot P.C	o, Bo	X OI	Rou	rte N	umb	er)	>	*^										
Street															764													
80	0		N	0	R	4	h		F	R	e	d	e	L	1	C	K		A	V	C.							
Street (	Cont	Inue	d)														ij											
																										-		
City or	Town	1										0					Sta	æ	Z	Co	de	47						
JA	/	7	h	e	R	5	0	4	R	G							M	$\bigcirc$	a	0	8	7	9	_				
County C	ode	C	ount	y Na	me					-																		
03	/		0	N	1	G	0	M	e	R	1																	
IV. Insta	uga Masasan	00000000	dicecess.com	g Ad	dres	is (S	ee In	stru	ction	s) :	<u>&gt;</u>											West Comme						
Street o	r P.C	), Bo	X	) 		Ι	_		1	r			T						-		1		T	) <u>-</u>			· ·	
51 A	M							2000						·		******	.w. 200.000			600 morris	************	0.000				Surface and the surface of the surfa		
City or	own	1											T	1	T		Sta	ite	Zj	Coc	de						-	
	********		de la companya de la				in March							N. Carrier Con		2550000000				A				_				
V. Insta	llatio	on Co	onta	ct (F	ersc	n to	be c	onta	cted	rega	rdin	g w	ssie i	activ	ities	at si	te)		>									*
Marie P		M1504666566	Section 24	68/2/35/6/	MARKET 2000													Acres in thinks	000000000000000000000000000000000000000	Colores Salatan	Market Committee	5600040.4465	NAME OF THE OWNER, OF THE OWNER, OF THE OWNER, OF THE OWNER, OWNER, OWNER, OWNER, OWNER, OWNER, OWNER, OWNER,	Section Sections	anero di Goo	Mark Control	600000000000000000000000000000000000000	
Name (L	ast)	33		1.										(FI	rst)													
To		*****	<u>S</u>	2.										(FI	rst)	+	0	<i>;</i>	<u>//</u>	e	4	£	e					
<del>- 1</del>	N	*****	S											A	N	⊬ Num	O ber (	/ Area	/\/ Coc		L rd Nu	+ mbe	e 4)					
JO THE	N F	e E	T	y		E	N	9	· ·	N	e	e	R	A	N	+ Num	0 ber (	j Area	N Coo		H d Nu	F imbe	e 4) 8	4	6			
JO Job Title	N F	e E on C	T onta	480-12-0	200.00		Mar de	*****	******	N ns)	e >	e	e R	A	N	+ Numi	O ber (	i Area	N Coa		F d Nu	F imbe	e 4) 8	4	6			
JO THE	N F	e E on C	7 onta	480-12-0	200.00	E et or	Mar de	*****	******	N ns)	e >	e	R	A	N	+ Num	O ber (	j Area	N Coo		H d Nu	F mbe	e 8	4	6			
Job Title John Title J	N F allation	E on C	7 onta	480-12-0	200.00		Mar de	*****	******	N ns)	e > .	e	R	A	N	Humi	-	2	4	le an		F mbe	e 4) 8	4	6			
JO Job Title J A VI. Insta	N F allation	E on C	7 onta	480-12-0	200.00		Mar de	*****	******	N ns)	e >	e	R	A	N	+ Vum	O ber (	2	4			F 8	e 8	4	6			
Job Tittle John Ti	A sallation	E on C	ontz	В.	Stre	et or	Mar de	*****	******	N ns)	e >	e	R	A	N	H Num	-	2	4	le an		+ 8	<u>e</u> 8) 8	4	6			
Job Tittle John Ti	N ? Filiation act A stalling own	e on C ddrag	ontz	B.	Stre	et or	P.0	*****	******	N ns)	<i>e &gt; * * * * * * * * * *</i>	e •	R	A	N	+ Num	-	2	4	le an	ie	8	8	4	6			
Job Title J A VI. Instr A. Cont Cotty or T	F F F F F F F F F F F F F F F F F F F	E on C dddresses	ontz	B.	Stree	et or	P.0	*****	******			e	R	A	N	+ Num	-	2	4	le an	ie	8	8	4	6			
Job Title J A VL Insta A. Cont. City or T	Mallatti act A failling own	E on C on	7 onbs	B.	Stree	et or	P.0	*****	******	N ns)	e	e	R	A	N	+ Num /	-	2	4	le an	ie	8	8	4	6		3	
Job Title J A VL Insta A. Cont. City or T	Mallatti act A failling own	E on C on	7 onbs	B.	Stree	et or	P.0	*****	<i>k</i>			e	R	A	N		-	a te	4	le an	ie	8	8	D.	19		3	
Job Tittle	W illatte act A failling of Inc.	E on C on	7 onbs	B.	Stree	et or	P.0	*****	******			e	R	A	N	1	Sta	te.	Zip	Coo	- I	8	8		19		3	
Job Title J A VI. Instr A. Cont Cotty or T	W illatte act A failling of Inc.	E on C dddress of the p (See Stalling C)	onbass see in attionation of Ro	B. sstructure	Streection  cition  S.  Num  O	et or	P.0	*****	<i>k</i>			e	R	A	N	1	-	te.	4	Coo	- I	8	8	D.	19		3	
Job Titte John Hame City or To	Figure 1 and	E on C address 2 Oct Stall G ox, oc	onbs.	sstructie L	Streection S. Num	Own	er B	A L			R R	e		A 2 3 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	None O	/ 	State	a te	Zip.	Code	ie ie	8	7	20 22 -	A.	- PA	3	
Job Tittle	Figure 1 and	E on C address 2 Oct Stall G ox, oc	onbs.	sstructie L	Streection S. Num	Own	er B	A L			R R	e	I Type	A 2 3 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	N	/ 	State	a te	Zip.	Code	- die	8	7	20 22 -	A.	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	3	

		ID - For Off	cial Use Only
VIII. Type of Regulated Waste Activity (Ma	ark 'X' in the appropriate boxes; Refer to in	structions)	
A. Hazardous W	laste Activity	B. Used C	Il Recycling Activities
1. Generator (See Instructions) a. Greater than 1000kg/mo (2,200 lbs.) b. 100 to 1000 kg/mo (200-2,200 lbs.) c. Less than 100 kg/mo (220 lbs) 2. Transporter (Indicate Mode in boxes 1-5 below) a. For own waste only b. For commercial purposes	☐ 3. Treater, Storer, Disposer (a Installation) Note:-A permit I required for this activity; see instructions. 4. Hazardous Waste Fuel ☐ a. Generator Marketing to Burne b. Other Marketers ☐ c. Boller and/or industrial Furnace ☐ 1. Smelter Deferral	S A Marketer Oil to Off b. Marketer Oil Meets 2. Used Oil B Combustion a. Utility Bo b. Industria c. Industria	Directs Shipment of Used I-Specification Burner. Who First Claims the Used the Specifications urner - Indicate Type(s) of Device(s) biller I Boller I Furnace
Mode of Transportation  1. Air 2. Rall 3. Highway 5. Other - specify	2. Small Quantity Exemption Indicate: Type of Combustion Device(s) 1. Utility Boiler 2. Industrial Boiler 3. Industrial Furnace Underground Injection Control	of Activity(I	ter Facility ocessor/Re-refiner-indicate activity(les)
IX. Description of Hazardous Wastes (Use	additional sheets if necessary)	2.0	
A. Characteristics of Nonlisted Hazardou nonlisted hazardous wastes your installation			cteristics of
1. Ignitable 2. Corrosive 3. Reactive 4. T. (D001) (D003) C	oxicity haracteristic (List specific EPA hazardous waste	number(s) for the Taxio	
B. Listed Hazardous Wastes. (See 40 CFR	261.31 - 33; See instructions if you need to	list more than 12 wa	ste codes.)
1 2 DOOI DOO2 7 8	3 4 D009 10 9 10	112	6 12
C. Other Wastes. (State or other wastes requ	iiring a handler to have an I.D. number; Sec	e Instructions.)	
1 2	3 4	5	6
X. Certification			
I certify under penalty of law that this document system designed to assure that qualified personn or persons who manage the system, or those per best of my knowledge and belief, true, accurate, a including the possibility of fine and imprisonment	nel properly gather and evaluate the informati rsons directly responsible for gathering the and complete. I am aware that there are signi	on submitted. Base Information, the info	d on my inquiry of the person or mation submitted is, to the
experience por parties of the	Name and Official Title (Type or product)		Date Signed 3-29-95
AN Exp			
XI. Comments	1-		
4 197 (W 4/21)			
	en de la companya de La companya de la companya de		
Note: Mail completed form to the appropriate EP	A Regional or State Office (2) 2 "	l of the beautiful to	ar carsar 15 cm
roce, mail completed form to the appropriate cr	A regional of State Office. (See Section III	TOT THE DOORDER FOR E	adresses.)